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APPLICATION NO.	FILING DATE	FIRST NAMED IN		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/625,654	10/625,654 07/24/2003		Masanobu Okada		O3020.0342/P342	8902
ITLE OF INVENTION: C.	ARD READER AND TRAN	SACTION PROCES	SING APPARAT	US		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	Pt	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	l	\$300	\$1700	07/21/2006
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FR 1.363).		` [the patent front page, in to 3 registered pate	ent attorneys 1 Dicks	tein Shapiro
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			or agents OR, alternatively, (2) the name of a single firm (having as a member a 2			
Number is required.			listed, no name wi	·		
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PLEASE NOTE: Unless	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee dat	a will appear on t	he patent. If an assig	nee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGNE				CITY and STATE OR	COLINTRY)	
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Omron Cor	poration		Kyoto	-Fu, Japan		
ease check the appropriate	assignee category or category	ies (will not be printe	ed on the patent):	☐ Individual 🔼 🤇	Corporation or other private gro	oup entity Government
The following fee(s) are o	enclosed:	4b. Pa	ayment of Fee(s):			
Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Publication Fee (No si	Copies 5	^	The Director is he Deposit Account	reby authorized by ch Number 04-10	arge the required fee(s), or cre 7 3 (enclose an extr	edit any overpayment, to ra copy of this form).
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Advance Order - # of Change in Entity Status ((from status indicated above	·	b. Applicant is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
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T submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (01-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/625,654-Conf. #8902 **Application Number** FEE TRANSMITTAL July 24, 2003 Filing Date For FY 2006 Masanobu Okada First Named Inventor Examiner Name K. C. Koyama Applicant claims small entity status. See 37 CFR 1.27 2876 Art Unit O3020.0342/P342 TOTAL AMOUNT OF PAYMENT 1,715.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Credit Card Check Money Order None Other (please identify): x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 500 250 Utility 300 150 100 50 130 65 Design 200 100 Plant 200 100 300 150 160 80 500 250 600 300 Reissue 300 150 0 200 100 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 180 Multiple dependent claims 360 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) 2 __ -5= HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal ... 300.00 15.00 8001 Printed copy of patent w/o color SUBMITTED BY Registration No. 28,371 (202) 420-2232 Signature Telephone (Attorney/Agent) Thomas J. D'Amico Date July 20, 2006 Name (Print/Type)